12/02/2010 12:06

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES ATTENTION: MARY ANN ROUSE ADDRESS (number and street) 1000 BLYTHE BOULEVARD Check if different than previously **CHARLOTTE** NC 28203 2861 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A CITY A ZIPCODE A IS THIS **AMENDED** NEW C00423871 Χ REPORT OR (N) (A) TYPE OF REPORT (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Х Runoff (30R) Special (30S) Post -Election General (30G) Report for the: Termination Report (TER) in the 02 NC 11 2010 Election on State of 10 14 2010 22 2010 11 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mary Ann Rouse Type or Print Name of Treasurer Electronically Filed by Mary Ann Rouse 12 02 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2 / 43

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

F	eport Covering the Period: From:		To: N N N 22 Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2010 Y Y Y		162965.18
	(b) Cash on Hand at Begining of Reporting Period	167777.18	
	(c) Total Receipts (from Line 19)	14208.12	69527.07
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	181985.30	232492.25
7.	Total Disbursements (from Line 31)	38000.00	88506.95
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	143985.30	143985.30
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 43

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

I. Receipts	Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:(a) Individuals/Persons OtherThan Political Committees		
(i) Itemized (use Schedule A)	13531.02	56517.05
(ii) Unitemized	664.95	10374.19
(iii) TOTAL (add Lines 11(a)(i) and (ii)	14195.97	66891.24
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	14195.97	66891.24
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	6.95
to Federal candidates and Other Political Committees	0.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	12.15	128.88
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	14208.12	69527.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	14208.12	69527.07

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	6.95
	Expenditures(c) Total Operating Expenditures	0.00	6.93
	(add 21(a)(i), (a)(ii) and (b))	0.00	6.95
2.	Transfers to Affiliated/Other Party		2.00
3.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	38500.00	89000.00
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)	0.00	0.00
J.	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
^		0.00	0.00
ь.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
8.	Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	-500.00	-500.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	-500.00	-500.00
9.	Other Disbursements	0.00	0.00
J.	Citici Dispuiscificitis		
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity (from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) III outol! Chara	0.00	0.00
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely		3.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
11.	Total Disbursements (add Lines 21(c), 22,		
•	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	38000.00	88506.95
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	38000.00	88506.95
	from Line 31)	30000.00	00000.90

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 43

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	14195.97	66891.24
4.	Total Contribution Refunds (from Line 28(d))	-500.00	-500.00
5.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	14695.97	67391.24
6.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	6.95
7.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	6.95
88.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 43 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to	I Statements may he name and add	r not be sold or used by any person dress of any political committee to	
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS FED PAC	SPITAL AUTHO	ORITY/CAROLINAS HEALT	THCARE SYSTEM EMPLOYEES
Full Name (Last, First, Middle Initial) Pamela M Beckwith			Date of Receipt
Mailing Address 1709 Rosebank Lane	9		11 01 2010
City	State	Zip Code	Transaction ID: SA11AI.7858
Charlotte	NC	28226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		166.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	1	Payroll Deduction \$166.67 monthly
Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1833.37	
Full Name (Last, First, Middle Initial) Dr. Herbert L Bonkovsky			Date of Receipt
Mailing Address 2214 Cumberland Ro	oad		M M / D D / Y Y Y Y Y Y 1 1 1 5 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.7916
Charlotte	NC	28203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer CarolinasHealthCareSystem	Occupation PHYS	1	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	_
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Judy L Booth	l		Date of Receipt
Mailing Address 11448 Terrill Ridge [Or		M M / D D / Y Y Y Y Y 1 1 1 0 1 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.7849
<u>Davidson</u>	NC	28036	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.84
Name of Employer Carolinas HealthCare Syst- em	Occupation ADMIN	1	Payroll Deduction \$20.84 monthly
Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 229.24	
SUBTOTAL of Receipts This Page (optional)			687.51

TOTAL This Period (last page this line number only)

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any or fo	information copied from such Reports and or commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
\ \	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS FED PAC	PITAL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
	Full Name (Last, First, Middle Initial) Mr. Jerry L Bryson			Date of Receipt
_	Mailing Address 6503 Elfreda Road			11 01 2010
	City Charlotte	State NC	Zip Code 28270	Transaction ID: SA11AI.7891 Amount of Each Receipt this Period
F	FEC ID number of contributing ederal political committee.	C		20.84
<u>N</u>	lame of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$20.84 monthly
F	Receipt For: 2010 Primary X General Other (specify) ▼		e Year-to-Date ▼ 229.24	
B . <u>N</u>	Full Name (Last, First, Middle Initial) Mr. Jerry L Bryson Mailing Address 6503 Elfreda Road			Date of Receipt 1 1 0 8 2 0 1 0
Ċ	 Dity	State	Zip Code	Transaction ID: SA11Al.7936
<u>(</u>	Charlotte	NC	28270	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		250.00
<u>N</u>	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Credit Card Contribution
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 479.24	
	Full Name (Last, First, Middle Initial) Mr. Stephen C Burr	1		Date of Receipt
<u></u>	Mailing Address 203 Eslynn Road			M M / D D / Y Y Y Y Y 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	City Mount Holly	State NC	Zip Code 28120	Transaction ID: SA11AI.7863
F	FEC ID number of contributing ederal political committee.	C	20120	Amount of Each Receipt this Period 41.67
<u> </u>	lame of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$41.67 monthly
F	Receipt For: 2010 Primary X General Other (specify) ▼	-, -	e Year-to-Date ▼ 458.37	
SUI	BTOTAL of Receipts This Page (optional) .		_	312.51
	TAL This Period (last page this line numbe		<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to DSPITAL AUTHORITY/CAROLINAS HEALT	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Jack F Chamblee Mailing Address PO Box 550934 City Gastonia FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2010	State Zip Code NC 28055-0934 C Occupation ADMIN	Date of Receipt M M M / D D / 2010 Transaction ID: SA11AI.7907 Amount of Each Receipt this Period 50.00 Payroll Deduction \$50 monthly
Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Mr. Paul G Colavita Mailing Address 2501 Sedley Road		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Charlotte FEC ID number of contributing federal political committee.	State Zip Code NC 28211 C Occupation	Transaction ID: SA11AI.7868 Amount of Each Receipt this Period 41.67 Payroll Deduction \$41.67
Name of Employer CarolinasHealthCareSystem Receipt For: 2010 Primary X General Other (specify) ▼	ADMIN Aggregate Year-to-Date ▼ 458.37	monthly
Full Name (Last, First, Middle Initial) Eugene DeLaddy Mailing Address 5213 Lila Wood Cir	cle	Date of Receipt 1 1 2 2 2 2 0 1 0
City Charlotte	State Zip Code NC 28209	Transaction ID: SA11AI.7918 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare Syst-	Occupation	500.00
em Receipt For: Primary General Other (specify)	Administrator Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	l)	591.67

SCHEDULE A	(FEC Form 3X) CEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purp NAME OF COMMI CHARLOTTE-M	oses, other than using the name ar TEE (In Full)	s may not be sold or used by any person and address of any political committee to UTHORITY/CAROLINAS HEALT	on for the purpose of soliciting contributions solicit contributions from such committee. HCARE SYSTEM EMPLOYEES
City Huntersville FEC ID number of of federal political com Name of Employer Carolinas Healthca em Receipt For: Primary	Sta NC contributing mittee. e Syst- General General	<u>.</u>	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, Find David L Dunlap Mailing Address City Charleston FEC ID number of federal political com	st, Middle Initial) 4 Picard Way Sta SC	te Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Carolinas HealthCa em Receipt For: Primary Other (specify	Aggr General Aggr	pation inistrator egate Year-to-Date ▼ 1000.00	
Full Name (Last, Find David Ellerbe Mailing Address 2)	st, Middle Initial) 2610 Tanglewood Lane Sta	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y	
Charlotte FEC ID number of of federal political com	ontributing NC	·	Amount of Each Receipt this Period 20.84
Name of Employer Carolinas HealthCa em Receipt For: Primary Other (specify	2010 Aggr X General	pation IIN egate Year-to-Date ▼ 229.24	Payroll Deduction \$20.84 monthly
SUBTOTAL of Recei	ots This Page (optional)		1320.84

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 43 (check only one) X	
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG H FED PAC	g the name and add	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Joseph Ernest III Mailing Address 1814 Dilworth Roa	ad West		Date of Receipt 1 1 2 2 2 2 0 1 0	
City Charlotte FEC ID number of contributing federal political committee.	State NC	Zip Code 28203	Transaction ID: SA11AI.7920 Amount of Each Receipt this Period 250.00	
Name of Employer Carolinas Healthcare System Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		i - MD/Chair/OB/GYN Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Dr. Leonard G Feld Mailing Address 11310 Ballantyne	Date of Receipt 1 1 7 2 0 1 0			
City Charlotte	State NC	Zip Code 28277	Transaction ID: SA11AI.7922 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer CarolinasHealthCareSystem Receipt For: Primary General Other (specify) ▼	Occupation PHYS Aggregate	Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Dr. Marsha D Ford Mailing Address 6836 Alexander Ro	nad		Date of Receipt	
City				
Charlotte FEC ID number of contributing	NC	28270	Transaction ID: SA11AI.7892 Amount of Each Receipt this Period	
federal political committee.			Payroll Deduction \$100 mo-	
Name of Employer CarolinasHealthCareSystem Receipt For: 2010 Primary X General Other (specify) ▼	PHYS Aggregate	Year-to-Date ▼ 1100.00		
SUBTOTAL of Receipts This Page (option	ıal)	_	600.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 43 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
CHARLOTTE-MECKLENBURG HOS FED PAC	SPITAL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
Full Name (Last, First, Middle Initial) Mr. Paul S Franz			Date of Receipt
Mailing Address 1320 Fillmore Avenue	e #413		1 1 0 1 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.7853
<u>Charlotte</u>	NC	28203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		416.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$416.67 monthly
Receipt For: 2010 Primary X General Other (specify)	Aggregate	e Year-to-Date ▼ 4583.37	
Full Name (Last, First, Middle Initial) Mr. Greg A Gombar			Date of Receipt
Mailing Address 4625 Cotton Creek D	rive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.7880
Charlotte	NC	28226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		416.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$416.67 monthly
Receipt For: 2010 Primary X General Other (specify)	Aggregate	e Year-to-Date ▼ 4583.37	
Full Name (Last, First, Middle Initial) Dr. Frederick L Greene			Date of Receipt
Mailing Address 128 Altondale Avenue	Э		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.7851
Charlotte	NC	28207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.84
Name of Employer CarolinasHealthCareSystem	Occupation PHYS	n	Payroll Deduction \$20.84 monthly
Receipt For: 2010 Primary X General Other (specify)	Aggregate	e Year-to-Date ▼ 229.24	
SUBTOTAL of Receipts This Page (optional)			854.18

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(3)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 43 (check only one) X	
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOFED PAC	the name and addr	ess of any political committee to	solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) KATHLEEN GREW Mailing Address 16704 YARDARM L	.N		Date of Receipt M	
City CORNELIUS	State NC	Zip Code	Transaction ID: SA11AI.7898	
FEC ID number of contributing federal political committee.	C	28031	Amount of Each Receipt this Period 20.84	
Name of Employer CAROLINAS HEALTHCARE SYST-	Occupation VP		Payroll Deduction \$20.84 monthly	
EM Receipt For: 2010 Primary X General Other (specify) ▼		Year-to-Date ▼ 229.24		
Full Name (Last, First, Middle Initial) Russell Guerin Mailing Address 3324 Meadow Bluff	Drive		Date of Receipt 1 1 0 1 2 0 1 0	
City	City State Zip Code			
Charlotte	NC	28226	Transaction ID: SA11AI.7873 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		166.67	
Name of Employer Carolinas HealthCare Syst- em	Occupation ADMIN		Payroll Deduction \$166.67 monthly	
Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 1833.37]	
Full Name (Last, First, Middle Initial) Russell Guerin			Date of Receipt	
Mailing Address 3324 Meadow Bluff	Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: SA11AI.7923	
Charlotte FEC ID number of contributing federal political committee.	C	28226	Amount of Each Receipt this Period 2000.00	
Name of Employer Carolinas HealthCare Syst- em	Occupation ADMIN			
Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 3833.37		
SUBTOTAL of Receipts This Page (optiona	l)		2187.51	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 43 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
FED PAC Full Name (Last, First, Middle Initial) James B Hall, MD	SPITAL AUTHORITY/CAROLINAS HEALT	THCARE SYSTEM EMPLOYEES Date of Receipt
Mailing Address 1114 Belgrave Place City Charlotte	State Zip Code NC 28203	Transaction ID: SA11AI.7943 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00 Credit Card Contribution
Name of Employer Carolinas HealthCare System Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 500.00	Credit Card Contribution
Full Name (Last, First, Middle Initial) Ms. Janet D Handy Mailing Address 8044 Silver Jade Dri	ive	Date of Receipt 1 1 0 1 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.7897
Denver	NC 28037	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00 Payroll Deduction \$50 mon-
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	thly
Receipt For: 2010	Aggregate Year-to-Date ▼	
Primary X General Other (specify) ▼	550.00	
Full Name (Last, First, Middle Initial) Dr. Frank Harrison		Date of Receipt
Mailing Address 3741 Hearthstone C	ourt	1 1 1 6 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.7924
<u>Charlotte</u>	NC 28211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Carolinas HealthCare System	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional		800.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 43 (check only one) X
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSI FED PAC	e name and add	dress of any political committee to	o solicit contributions from such committee.
∠ \ .	Full Name (Last, First, Middle Initial) Mr. Thomas E Hassett Mailing Address 7733 Compton Court City	State NC	Zip Code	Date of Receipt M M
	Charlotte FEC ID number of contributing federal political committee.	C	28270	Amount of Each Receipt this Period 20.84
	Name of Employer CarolinasHealthCareSystem Receipt For: 2010 Primary X General Other (specify) ▼	Occupatio ADMIN Aggregate	n e Year-to-Date ▼ 229.24	Payroll Deduction \$20.84 monthly
	Full Name (Last, First, Middle Initial) Henry C Hawthorne Mailing Address 1310 James B White	Hwy N		Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.7852
	Whiteville	NC	28472	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00 Payroll Deduction \$75 mon-
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	thly
	Receipt For: 2010 Primary X General Other (specify)	Aggregate	e Year-to-Date ▼ 825.00	
	Full Name (Last, First, Middle Initial) Laurence C Hinsdale Mailing Address 7117 Stirewalt Road			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.7894
	Concord FEC ID number of contributing federal political committee.	NC C	28027	Amount of Each Receipt this Period 166.67
	Name of Employer Carolinas HealthCare Syst- em	Occupatio ADMIN		Payroll Deduction \$166.67 monthly
	Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1833.37	
	SUBTOTAL of Receipts This Page (optional)	•		262.51

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15/43 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HC FED PAC		•	
Full Name (Last, First, Middle Initial) Mr. Christopher R Hummer			Date of Receipt
Mailing Address 8304 Indigo Row	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: SA11AI.7865
Charlotte	NC	28277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		22.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$22 mon- thly
Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 242.00	
Full Name (Last, First, Middle Initial) James C Hunter			Date of Receipt
Mailing Address 1525 Kenilworth Ave #106			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.7856
Charlotte	NC	28203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.34
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$83.34 monthly
Receipt For: 2010 Primary X General	Aggregate	Year-to-Date ▼	
Other (specify)		916.74	
Full Name (Last, First, Middle Initial) Stephen Dennis Jones			Date of Receipt
Mailing Address 125 Lake Mist Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.7850
Belmont	NC	28012	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			20.84 Payroll Deduction \$20.84
Name of Employer Carolinas HealthCare Syst- em	Occupation ADMIN	n	monthly
Receipt For: 2010 Primary X General	Aggregate	Year-to-Date ▼	
Primary X General Other (specify) ▼		229.24	
			126.18

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	Statements may not be sold or used by any personal statements and address of any political committee to SPITAL AUTHORITY/CAROLINAS HEALT	solicit contributions from such committee.
FED PAC Full Name (Last, First, Middle Initial) Ms. Kathleen Ann Kaney Mailing Address 2316 Vail Avenue City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2010 Primary X General Other (specify)	State Zip Code NC 28207 C Occupation ADMIN Aggregate Year-to-Date 275.00	Date of Receipt M M D D 2 0 1 0 Transaction ID: SA11AI.7866 Amount of Each Receipt this Period 25.00 Payroll Deduction \$25 monthly
Full Name (Last, First, Middle Initial) Mr. Robert M Keener Mailing Address 625 Club Drive City Stanley FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2010 Primary X General Other (specify)	State Zip Code NC 28164 C Occupation ADMIN Aggregate Year-to-Date 275.00	Date of Receipt M M D D 2 0 1 0
Full Name (Last, First, Middle Initial) Mary Kuzmanovich Mailing Address PO Box 1377 City Davidson FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2010 Primary X General Other (specify)	State Zip Code NC 28036 C Occupation Vice President Aggregate Year-to-Date 229.24	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		70.84

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 43 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal statements and address of any political committee to SPITAL AUTHORITY/CAROLINAS HEALT	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Thomas F Laymon Mailing Address 7505 Tripper Lane City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2010 Primary X General Other (specify)	State Zip Code NC 28226 C Occupation ADMIN Aggregate Year-to-Date 242.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Mr. Frank S Letherby Mailing Address 5234 Lancelot Drive City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2010 Primary X General Other (specify)	State Zip Code NC 28270 C Occupation ADMIN Aggregate Year-to-Date 916.74	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: SA11AI.7883 Amount of Each Receipt this Period 83.34 Payroll Deduction \$83.34 monthly
Full Name (Last, First, Middle Initial) Mr. W. Spencer Lilly Mailing Address 9306 Copans Glen L City Huntersville FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2010 Primary X General Other (specify)	State Zip Code NC 28078 C Occupation ADMIN Aggregate Year-to-Date 916.74	Date of Receipt M M M O 1 2 0 1 0 Transaction ID: SA11AI.7899 Amount of Each Receipt this Period 83.34 Payroll Deduction \$83.34 monthly
SUBTOTAL of Receipts This Page (optional)	188.68

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 43 (check only one) X 11a 11b 11c 12 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any per ne name and address of any political committee	
NAME OF COMMITTEE (In Full)	SPITAL AUTHORITY/CAROLINAS HEAL	
Full Name (Last, First, Middle Initial) Ms. Donna Lockhart		Date of Receipt
Mailing Address 5523 Challis View La		11 01 2010
City Charlotte	State Zip Code NC 28226	Transaction ID: SA11AI.7885 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$20.84 monthly
Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24	
Full Name (Last, First, Middle Initial) FRIEDA M LOWDER		Date of Receipt
Mailing Address 14444 WESTGREEN	1 1 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: SA11AI.7855
HUNTERSVILLE	NC 28078	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67 Payroll Deduction \$41.67
Name of Employer CAROLINAS HEALTHCARE SYST- EM	Occupation SVP	monthly
Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 458.37	
Full Name (Last, First, Middle Initial) Michael J Lutes		Date of Receipt
Mailing Address 4025 Camrose Cross	M M / D D / Y Y Y Y Y 1 1 1 1 0 1 2 0 1 0	
City Matthews	State Zip Code NC 28104	Transaction ID: SA11AI.7877 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$41.67 monthly
Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 458.37	
SUBTOTAL of Receipts This Page (optional)		104.18

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to DSPITAL AUTHORITY/CAROLINAS HEALT	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John Marx Mailing Address 3535 Knapdale Lan City Charlotte	e State Zip Code NC 28226	Date of Receipt M M M / D D M 2 0 1 0 Transaction ID: SA11AI.7875 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2010 Primary X General Other (specify)	Occupation PHYS Aggregate Year-to-Date ▼ 458.37	Payroll Deduction \$41.67 monthly
Full Name (Last, First, Middle Initial) John A. Miller Mailing Address 1205 Briarwood Ave	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Anderson FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For:	SC 29621 C Occupation Administrator Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 1000.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. F Del Murphy Mailing Address 2824 Winding Oak	1000.00 Drive	Date of Receipt
City Charlotte FEC ID number of contributing federal political committee.	State Zip Code NC 28270	1 1 0 1 2 0 1 0 Transaction ID: SA11AI.7871 Amount of Each Receipt this Period 25.00
Name of Employer CarolinasHealthCareSystem Receipt For: 2010 Primary X General Other (specify) ▼	Occupation ADMIN Aggregate Year-to-Date 275.00	Payroll Deduction \$25 mon- thly
SUBTOTAL of Receipts This Page (optional	l) >	1066.67

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSP	name and add	dress of any political committee to	solicit contributions from such committee.
A.	FED PAC Full Name (Last, First, Middle Initial) Mr. James C Olsen Mailing Address 5900 Summerston Place City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2010 Primary X General Other (specify)	State NC C Occupation ADMIN	Zip Code 28277 n e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 2 0 1 0 Transaction ID: SA11AI.7888 Amount of Each Receipt this Period 125.00 Payroll Deduction \$125 monthly
- В.	Full Name (Last, First, Middle Initial) Dr. Joshua C Patt Mailing Address 4343 Columbine Circle City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2010 Primary X General Other (specify)	State NC C Occupation PHYS	Zip Code 28211 n e Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y 1 1
- C.	Full Name (Last, First, Middle Initial) Mr. Dennis Phillips Mailing Address 4310 4th Street Circle City Hickory FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: Primary General Other (specify)	State NC C Occupation Administ		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		·	1145.84

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 43 (check only one) X
or for	commercial purposes, other than using the AME OF COMMITTEE (In Full) HARLOTTE-MECKLENBURG HOSE	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee. THCARE SYSTEM EMPLOYEES
Fu Mr Ma	ED PAC Ill Name (Last, First, Middle Initial) Joseph G Piemont ailing Address 2028 Hopedale Avenu ty harlotte EC ID number of contributing deral political committee. ame of Employer arolinasHealthCareSystem accept For: 2010 Primary X General	State NC C Occupatio ADMIN	Zip Code 28207 n	Date of Receipt 1 1 0 1 2 0 1 0 Transaction ID: SA11Al.7862 Amount of Each Receipt this Period 400.00 Payroll Deduction \$400 monthly
B. De Ma	Other (specify) ▼ Ill Name (Last, First, Middle Initial) ebra Plousha Moore ailing Address 6935 Conservatory La	State NC	Zip Code 28210	Date of Receipt M M M O 1 2 0 1 0 Transaction ID: SA11AI.7893 Amount of Each Receipt this Period 250.00
en Re	eceipt For: 2010 Primary X General Other (specify) ▼ Ill Name (Last, First, Middle Initial)	Occupation ADMIN Aggregate	e Year-to-Date ▼ 2750.00	Payroll Deduction \$250 monthly
Cit Be FE fec	r. James A Ramsey ailing Address 8028 Water View Drive ty elmont EC ID number of contributing deral political committee. Tame of Employer arolinas HealthCare Syst-	State NC C	Zip Code 28012	Date of Receipt M M
<u>en</u>		ADMIN Aggregate	Year-to-Date ▼ 229.24	
SUB	TOTAL of Receipts This Page (optional)	·····)	670.84

or for N, C F F M M M C G	commercial purposes, other than using the r AME OF COMMITTEE (In Full)	ame and address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee. HEALTHCARE SYSTEM EMPLOYEES
Fr. M	HARLOTTE-MECKLENBURG HOSPI ED PAC Ill Name (Last, First, Middle Initial) r. Roger A Ray	ΓAL AUTHORITY/CAROLINAS H	IEALTHCARE SYSTEM EMPLOYEES
M M Ci	r. Roger A Ray		
Ci	ailing Address 11029 Lederer Ave		Date of Receipt
			11 01 2010
		State Zip Code	Transaction ID: SA11AI.7848
	harlotte	NC 28277	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C	333.34
Na C	ame of Employer arolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$333.34 monthly
Re	eceipt For: 2010 Primary X General Other (specify)	Aggregate Year-to-Date ▼ 3666.7	'4
	ull Name (Last, First, Middle Initial)		Date of Receipt
M	ailing Address 5740 Ballinard Lane		M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
Ci	•	State Zip Code	Transaction ID: SA11AI.7886
	harlotte	NC 28277	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C	60.00
Na C er	ame of Employer arolinas HealthCare Syst- n	Occupation PHYS	Payroll Deduction \$60 mon- thly
	eceipt For: 2010 Primary X General Other (specify)	Aggregate Year-to-Date ▼ 660.0	00
	LII Name (Last, First, Middle Initial) . Wanda Robinson		Date of Receipt
_	ailing Address 233 Altondale Avenue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ci C	ty harlotte	State Zip Code NC 28207	Transaction ID: SA11AI.7867 Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C	100.00
Na C er	ame of Employer arolinas HealthCare Syst- n	Occupation PHYS	Payroll Deduction \$100 monthly
	eceipt For: 2010 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.0	00

TOTAL This Period (last page this line number only)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 43 (check only one) X
\ \	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may no e name and addres	ot be sold or used by any pers ss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	CHARLOTTE-MECKLENBURG HOS FED PAC	PITAL AUTHOF	RITY/CAROLINAS HEALT	THCARE SYSTEM EMPLOYEES
Α.	Full Name (Last, First, Middle Initial) Pamela M Rowell			Date of Receipt
	Mailing Address 9702 Heritage Lane			11 01 2010
	City Indian Trail	State NC	Zip Code 28079	Transaction ID: SA11AI.7902 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		44.88
	Name of Employer Carolinas HealthCare Syst- em	Occupation ADMIN		Payroll Deduction \$44.88 monthly
	Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 359.04	
_ 3.	Full Name (Last, First, Middle Initial) Michael Ruhlen Mailing Address 7216 Graybeard Cour	t		Date of Receipt
	City	State	Zip Code	1 1 1 2 0 1 0 Transaction ID: SA11Al.7949
	<u>Charlotte</u>	NC	28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Carolinas Healthcare Syst- em	Occupation VP/CMO CI	MC -Mercy & CMC - Pine	Credit Card Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 250.00	
_ }.	Full Name (Last, First, Middle Initial) Harriet Cindy Sartain			Date of Receipt
	Mailing Address 6127 Highview Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Matthews	State NC	Zip Code 28104	Transaction ID: SA11AI.7889 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		21.82
	Name of Employer Carolinas HealthCare Syst- em	Occupation ADMIN		Payroll Deduction \$21.82 monthly
	Receipt For: 2010 Primary X General Other (specify)	Aggregate Ye	ear-to-Date ▼ 218.20	
	SUBTOTAL of Receipts This Page (optional) .			316.70

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate for each cate Detailed Sum	schedule(s) gory of the (check of	\rightarrow \rightarrow \rightarrow \rightarrow
4	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or u e name and address of any polit	sed by any person for the p cal committee to solicit con	urpose of soliciting contributions tributions from such committee.
	CHARLOTTE-MECKLENBURG HOS	PITAL AUTHORITY/CARO	LINAS HEALTHCARE S	SYSTEM EMPLOYEES
۹.	Full Name (Last, First, Middle Initial) Ms. Virginia Ellen Sheppard Mailing Address 5345 Hillingdon Road			of Receipt
			1.1	08 2010
	City <u>Charlotte</u>	State Zip Code NC 28226		saction ID: SA11AI.7951 unt of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	Allio	300.00
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Credi	t Card Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	300.00	
_ 3.	Full Name (Last, First, Middle Initial) Mr. Ronald M Smidt		Date	of Receipt
	Mailing Address P O Box 901		M 1 1	01 2010
	City	State Zip Code	Trans	saction ID: SA11AI.7904
	Troutman	NC 28166	Amo	unt of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	Payro	30.00 bll Deduction \$30 mon-
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	thly	on Boadollon Goo mon
	Receipt For: 2010	Aggregate Year-to-Date	,	
	Primary X General Other (specify) ▼		330.00	
_).	Full Name (Last, First, Middle Initial) Mr. Jody Jay Stock			of Receipt
	Mailing Address 3466 Blue Jay Path		M 1 1	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Trans	saction ID: SA11AI.7874
	Fort Mill	SC 29708	Amo	unt of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	Payro	20.84 bll Deduction \$20.84
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	monti	hly
	Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate Year-to-Date	229.24	
Γ				350.84

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate sche for each category Detailed Summary	of the
NAME OF COMMITTEE (In Full)		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee. AS HEALTHCARE SYSTEM EMPLOYEES
Full Name (Last, First, Middle Initial) Ms. Robin E Surane Mailing Address PO Box 43 City Cornelius FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2010 Primary X General Other (specify)	State Zip Code NC 28031 C Occupation ADMIN Aggregate Year-to-Date 2	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 2 0 1 0 Transaction ID: SA11AI.7906 Amount of Each Receipt this Period 25.00 Payroll Deduction \$25 monthly
Full Name (Last, First, Middle Initial) Daniel W Sweat Mailing Address 133 Twin Lake Drive City Shelby FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2010 Primary X General Other (specify)	State Zip Code NC 28152 C Occupation ADMIN Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater Mailing Address 2137 Dilworth Road E City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2010 Primary X General Other (specify)	State Zip Code NC 28203 C Occupation ADMIN Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .	1	541.67

SCHEDULE /	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 43 (check only one) X 11a
or for commercial pu	rposes, other than using the n	name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee. THCARE SYSTEM EMPLOYEES
/	First, Middle Initial) 1804 Arborway Road			Date of Receipt
City Albemarle		State NC	Zip Code 28001	Transaction ID: SA11AI.7860 Amount of Each Receipt this Period
FEC ID number (federal political c		C		25.00
Name of Employ Carolinas Health em Receipt For: Primary Other (spe	2010 X General	Occupation ADMIN Aggregate	Year-to-Date ▼ 275.00	Payroll Deduction \$25 mon- thly
Dr. Alan R Thaling	First, Middle Initial) er 2524 Flint Grove Road			Date of Receipt 1 1 0 1 2 0 1 0
City		State	Zip Code	Transaction ID: SA11AI.7869
Charlotte		NC	28226	Amount of Each Receipt this Period
FEC ID number federal political c		С		20.84
Name of Employ CarolinasHealth		Occupation PHYS		Payroll Deduction \$20.84 monthly
Receipt For: Primary Other (spe	2010 X General cify) ▼	Aggregate	Year-to-Date ▼ 229.24	
Dr. Alan R Thaling				Date of Receipt
Mailing Address	2524 Flint Grove Road			1 1 1 6 2 0 1 0
City		State	Zip Code	Transaction ID: SA11Al.7931
Charlotte FEC ID number of federal political controls.		C	28226	Amount of Each Receipt this Period 250.00
Name of Employ CarolinasHealth	er CareSystem	Occupation PHYS	١	
Receipt For: Primary Other (spe	General	Aggregate	Year-to-Date ▼ 479.24	
SUBTOTAL of Rec	eipts This Page (optional)			295.84

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate of for each category Detailed Sumr	ory of the
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any politic	sed by any person for the purpose of soliciting contributions cal committee to solicit contributions from such committee. LINAS HEALTHCARE SYSTEM EMPLOYEES
∠ 4 .	Full Name (Last, First, Middle Initial) Mr. David Thomas Mailing Address 1609 Penderlea Lane		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Matthews	State Zip Code NC 28105	Transaction ID: SA11AI.7857 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.84
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$20.84 monthly
	Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼	229.24
3.	Full Name (Last, First, Middle Initial) Stephen Wagner, PHD Mailing Address 4301 Morrowick Road		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.7952
	Charlotte FEC ID number of contributing federal political committee.	NC 28226	Amount of Each Receipt this Period 250.00
	Name of Employer Carolinas HealthCare System Receipt For: Primary General Other (specify) ▼	Occupation Administrator Aggregate Year-to-Date	Credit Card Contribution 250.00
_	Full Name (Last, First, Middle Initial) Ms. Martha J Whitecotton Mailing Address 9526 Greyson Ridge I	I Orive	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.7901
	Charlotte FEC ID number of contributing federal political committee.	NC 28277	Amount of Each Receipt this Period 21.82
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$21.82 monthly
	Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼	218.20
	SUBTOTAL of Receipts This Page (optional) .	1	292.66

A.

В.

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

PAGE 28 / 43 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 17 13 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Ms. Phyllis Wingate-Jones Date of Receipt Mailing Address 5522 Challis View Lane 2010 1.1 01 City State Zip Code Transaction ID: SA11AI.7884 Charlotte NC 28226 Amount of Each Receipt this Period FEC ID number of contributing 166.67 C federal political committee. Payroll Deduction \$166.67 Name of Employer CarolinasHealthCareSystem Occupation monthly **ADMIN** Receipt For: 2010 Aggregate Year-to-Date Primary X General 1833.37 Other (specify) Full Name (Last, First, Middle Initial) Zachary Zapack Date of Receipt Mailing Address 1800 Camden Road 01 2010 City State Zip Code Transaction ID: SA11AI.7846 Charlotte NC 28203 Amount of Each Receipt this Period FEC ID number of contributing C 83.34 federal political committee. Payroll Deduction \$83.34 Name of Employer Carolinas HealthCare Syst-Occupation monthly Administrator 2010 Receipt For: Aggregate Year-to-Date ▼

916.74

SUBTOTAL of Receipts This Page (optional)	•	250.01
TOTAL This Period (last page this line number only)	<u> </u>	13531.02

Primary

Other (specify)

X General

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ITE	MIZED DIS	SBURSEMEN	TS		category of the Summary Page			21b 27	22 28a	X	23 28b	igsquare	24 28c	25 29	
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	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITA FED PAC				
<u> </u>	Full Name (Last, First, Middle Initial) Bill James Campaign				Transaction ID: SB23.7768 Date of Disbursement
	Mailing Address P.O. Box 79315				10 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Charlotte	State NC	Zip Code 28271		Amount of Each Disbursement this Period
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	Bill James Campaign	ement For:	2010	Category/ Type	-
	Senate President	Primary Other (spe	X General		
	State: District: Full Name (Last, First, Middle Initial) Campaign to Elect Debbie Clary				Transaction ID: SB23.7797 Date of Disbursement
	Mailing Address 105 D02 Northshore Co	urt			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Cherryville	State NC	Zip Code 28021		Amount of Each Disbursement this Perioc
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	FED PAC Full Name (Last, First, Middle Initial) Citizens for Neil Cooksey Mailing Address 3816 Tablerock Rd					Trans Date	of D	sburs	emer			7 0 1 0	Y
	City Charlotte	State Zip Code NC 28226				Amou	int o	Each	n Disk	ourse	-	this F	-
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_	Office Sought: House Disb Senate President State: District:	rsement For: 2010 Primary X General Other (specify) ▼											
•	Full Name (Last, First, Middle Initial) Committee to Elect Ann Newman Mailing Address 5038 Carden Drive					Trans Date of		-	emer			4 0 1 0	Y
	City Charlotte Purpose of Disbursement Campaign Contribution Candidate Name Committee to Elect Ann Newman	State Zip Code NC 28277	Ca	_	ory/	Amou	int o	Each	n Disk	ourse	-	this F	
		rsement For: 2010 Primary X General Other (specify)	<u> </u>	Тур	е								
	Full Name (Last, First, Middle Initial) Committee to Elect Jeff Barnhart					Trans Date		sburs	emer				Υ
	Mailing Address PO BOX 1137 City	State Zip Code				1 0	ınt o		1 9	oureo		0 1 0	
	Concord Purpose of Disbursement Campaign Contribution	NC 28026-0246		01	1	Amou		Laci	I DISL	Juise		00.00	
	Candidate Name Committee to Elect Jeff Barnhart			ateg Typ	ory/ e								
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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 28a 28b	24 25 26 28c 29 30b
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CHARLOTTE-MECKLENBURG HOSPITAI FED PAC	. AUTHORITY/CAROLINAS	S HEALTHC	ARE SYSTEM EM	IPLOYEES
Full Name (Last, First, Middle Initial) Committee to Elect Kelly Alexander			Transaction ID: S Date of Disbursement	
Mailing Address PO BOX 16896			10 19	YZOTO
,	State Zip Code NC 28297-6896		Amount of Each Dis	sbursement this Period
Purpose of Disbursement Campaign Contribution		011		500.00
Candidate Name Committee to Elect Kelly Alexander	C	Category/ Type		
Office Sought: House Disburse Senate President State: District:	ment For: 2010 Primary X General Other (specify) ▼			
Full Name (Last, First, Middle Initial) Committee to Elect Linda P. Johnson			Transaction ID: 5	
Mailing Address 1205 Berkshire Drive			10 19	
	State Zip Code NC 28081		Amount of Each Dis	sbursement this Period
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Full Name (Last, First, Middle Initial) Committee to Elect Murray			Transaction ID: S	ent
Mailing Address 1020 Isleworth Ave			10 19	2010
	State Zip Code NC 28203		Amount of Each Dis	sbursement this Period
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	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPIT FED PAC	AL AUTHORITY/CARO	LINAS HE	EALTHC	ARE SYSTEM EMPLOYEES
	Full Name (Last, First, Middle Initial) Committee to Re-Elect Becky Carney Mailing Address PO BOX 32873				Transaction ID: SB23.7811 Date of Disbursement 10
	City Charlotte	State Zip Code NC 28232			Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Contribution Candidate Name		01 Categ		750.00
	Committee to Re-Elect Becky Carney	sement For: 2010	Тур		
	Senate President State: District:	Primary X General Other (specify) ▼	al .		
	Full Name (Last, First, Middle Initial) Committee to Re-Elect Ray Rapp				Transaction ID: SB23.7836 Date of Disbursement
	Mailing Address 43 Backhollow Road				10 M / D 19 / Y 2010 Y
	City Mars Hill	State Zip Code NC 28754			Amount of Each Disbursement this Period
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	Committee to Re-Elect Ray Rapp Office Sought: House Disbur Senate	sement For: 2010 Primary X Genera	Typ	e	
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	President State: District:	Other (specify)			
	President	Other (specify) ▼			Transaction ID: SB23.7776 Date of Disbursement
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	State: District: Full Name (Last, First, Middle Initial) Dan Ramirez Campaign				Date of Disbursement MOM Date of Disbursement Date of Disbursement Amount of Each Disbursement this Period
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CHARLOTTE-MECKLENBURG HOSP FED PAC	TAL AUTHORITY/CAROL	INAS HEAL	THCARE S	YSTEM EI	MPLOYE	ES	
Full Name (Last, First, Middle Initial) Elect Rodney W. Moore for NC House Mailing Address 1914 Yaupon Road	99		Date o	action ID: of Disbursem	nent	05 Ž 0 1 0	Y
City	State Zip Code		Amou	nt of Each D			
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Friends fo Tim Moore			Date o	of Disbursem	nent		Y
Mailing Address 1417 Merrimont Drive			10	1 9		ž 0 1 0	
City Kings Mountain	State Zip Code NC 28086		Amou	nt of Each D			eriod
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Full Name (Last, First, Middle Initial) Friends of Joe Sam Queen			Date o	action ID: of Disbursem	nent		
Mailing Address 71 Pigeon Street			10	19		ž 0 i 0	Y
City Waynesville	State Zip Code NC 28786		Amou	nt of Each D	isburseme	nt this Po	eriod
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Candidate Name Friends of Joe Sam Queen		Category Type	/				
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CHARLOTTE-MECKLENBURG HO FED PAC	SPITAL AUTHORITY/C	AROLINAS H	IEALTHO	CARE SY	STEM	EMPLO	YEES		
Full Name (Last, First, Middle Initial) Hartsell - State Senator Committee					ction ID:	ement		Y ° Y	1
Mailing Address PO BOX 1709				1 0	1	9 /	20	10	
City Concord	State Zip Co NC 2820	ode 6-1709		Amoun	t of Each	Disburs			riod
Purpose of Disbursement Campaign Contribution		0.		L.			500	0.00	
Candidate Name Hartsell - State Senator Committee		Ту	gory/ pe						
Office Sought: House Senate President State: District:		010 General							
Full Name (Last, First, Middle Initial)				Transa	ction ID:	SB23	.7778		
Heath Shuler for Congress				Date of	Disburse	ement	YY	Y ° Y	1
Mailing Address PO Box 8446 951 Old Fairview F	Road			1 0	1	9	2 0	10°	
City Asheville	State Zip Co NC 2880			Amoun	t of Each	Disburs			riod
Purpose of Disbursement Campaign Contribution		0.	11				5000	0.00	
Candidate Name Heath Shuler for Congress			gory/ pe						
Office Sought: X House Senate President State: NC District: 11		010 General							
Full Name (Last, First, Middle Initial) Hugh Blackwell for NC House				Date of	ction ID: Disburse	ement			
Mailing Address 321 Mountain View	w Ave SE			1 0 M	/ D	9 /	Ý Ž0	10°	
City VAldese	State Zip Co NC 2869			Amoun	t of Each	Disburs			riod
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Candidate Name Hugh Blackwell for NC House			gory/ pe						
Office Sought: House Senate President		010 General							
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NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPIT FED PAC					
 Full Name (Last, First, Middle Initial) Jennifer Roberts for County Commission Mailing Address 619 Clement Avenue				Transaction ID Date of Disburs	: SB23.7772 ement 1 9
City	State Zip Code			Amount of Each	n Disbursement this Period
Charlotte	NC 28204			Amount of Euch	500.00
Purpose of Disbursement Campaign Contribution Candidate Name Jennifer Roberts		011 Catego	ory/		300.00
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Full Name (Last, First, Middle Initial) Jim Forrester Campaign for NC State Se	nate			Date of Disburs	
Mailing Address PO BOX 459				10 7	19 7 2010
City Stanley	State Zip Code NC 28164			Amount of Each	Disbursement this Period
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	sement For: 2010 Primary X General Other (specify)	1 .,,			
Full Name (Last, First, Middle Initial) Jim Pendergraph for Commissioner				Transaction ID Date of Disburs	ement
Mailing Address PO BOX 38707				10	19 7 2010
City Charlotte	State Zip Code NC 28278			Amount of Each	n Disbursement this Period
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Mailing Address PO BOX 1966 City State Zip Code Albermarle NC 28002 Purpose of Disbursement Campaign Contribution Candidate Name Justin Burr for NC House Office Sought: House Primary X General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Killiam for North Carolina City State Zip Code NC 28277 Purpose of Disbursement Campaign Contribution Candidate Name Killiam for North Carolina Office Sought: House NC 28277 Purpose of Disbursement Campaign Contribution Candidate Name Killiam for North Carolina Office Sought: House Senate Primary X General Other (specify) ▼ Transaction ID Date of Disbursement Category/ Type Amount of Each Category/ Type Amount of Each Category/ Type Other (specify) ▼ Transaction ID Other (specify) ▼ Transaction ID Date of Disbursement Category/ Type Other (specify) ▼ Transaction ID Date of Disbursement Category/ Type Other (specify) ▼ Transaction ID Date of Disbursement Category/ Type State: District: Full Name (Last, First, Middle Initial) Martha Alexander Campaign Committee Mailing Address PO BOX	
Transaction ID Date of Disbursement Campaign Contributions NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM FUll Name (Last, First, Middle Initial) Justin Burr for NC House Mailing Address PO BOX 1966 City State Zip Code Albermarle NC 28002 Purpose of Disbursement Campaign Contribution Candidate Name Justin Burr for NC House Office Sought: House Primary General Primary General Disbursement For: 2010 City State Zip Code NC 28002 Purpose of Disbursement For: 2010 President State: District: Full Name (Last, First, Middle Initial) Killiam for North Carolina Mailing Address 16703 ANsley Walk Lane City State Zip Code NC 28277 Purpose of Disbursement Campaign Contribution Candidate Name Killiam for North Carolina Office Sought: House Disbursement For: 2010 Senate Primary General Other (specify) ▼ Amount of Each More Category/ Type Office Sought: House Disbursement For: 2010 Senate Primary General Other (specify) ▼ Transaction ID Date of Disbursement For: 2010 Candidate Name Killiam for North Carolina Office Sought: House Disbursement For: 2010 Senate Primary General Other (specify) ▼ Transaction ID Date of Disbursement For: 2010 Category/ Type Office Sought: House Disbursement For: 2010 Senate Primary General Other (specify) ▼ Transaction ID Date of Disbursement For: 2010 Category/ Type Office Sought: State Zip Code NC 28222 Purpose of Disbursement Campaign Committee Mailing Address PO BOX City State Zip Code NC 28222 Purpose of Disbursement Campaign Committee Mailing Address PO BOX City State Zip Code NC 28222 Purpose of Disbursement Campaign Contribution Candidate Name Category/ Category	
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Albermarle NC 28002 Purpose of Disbursement Campaign Contribution Candidate Name Justin Burr for NC House Office Sought: House Senate Primary X General District: Full Name (Last, First, Middle Initial) Killiam for North Carolina Mailing Address 16703 ANsley Walk Lane City State Zip Code Charlotte NC 28277 Purpose of Disbursement Campaign Contribution Candidate Name Killiam for North Carolina Office Sought: House Primary X General Other (specify) ▼ Transaction ID Date of Disbursement Category/ Type Amount of Each Other (specify) ▼ Transaction ID Date of Disbursement Category/ Type Office Sought: House Primary X General Other (specify) ▼ Transaction ID Date of Disbursement Campaign Contribution Candidate Name Other (specify) ▼ Transaction ID Date of Disbursement Category/ Type Transaction ID Date of Disbursement Category/ Type Amount of Each Transaction ID Date of Disbursement Category/ Type Amount of Each Transaction ID Date of Disbursement Category/ Type Amount of Each Transaction ID Date of Disbursement Category/ Type Amount of Each Transaction ID Date of Disbursement Category/ Type	19 2010
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Office Sought: House	
State. District.	1500.00

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<u> </u>	Full Name (Last, McHenry for C	First, Middle Initial) ongress				Transaction ID: SB23.7 Date of Disbursement	955
	Mailing Address	PO BOX 1406				10 M / 28 / Y	žoťoť
	City HICKORY		State NC	Zip Code 28601		Amount of Each Disbursen	
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	Candidate Name McHenry for C				Category/ Type		
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	State: NC	District: 10		-· •			
	•	First, Middle Initial) ongress Committee				Transaction ID: SB23.7 Date of Disbursement	779
	Mailing Address	PO Box 36831				10	2 0 1 0 °
	City Charlotte		State NC	Zip Code 28236		Amount of Each Disbursem	nent this Perio
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	Candidate Name Mel Watt for C	ongress Committee			Category/ Type		
	Office Sought: State: NC	X House Senate President District: 12	Disbursement For: Primary Other (sp	2010 X General pecify) ▼			
 C.		First, Middle Initial)				Transaction ID: SB23.7 Date of Disbursement	777
	Mailing Address	PO Box 1				10	2 0 1 0 °
	City Lumberton		State NC	Zip Code 28359		Amount of Each Disbursen	
	Purpose of Disbu Campaign Contril				011		5000.00
	Candidate Name Mike McIntyre	for Congress			Category/ Type		
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	FED PAC Full Name (Last, First, Middle Initial)					Trans	sacti	on ID): S	B23.			
	Mitch Gillespie for NC House Mailing Address 185 Cross Creek North	n Ridge Drive				Date 1 ^M 0	_	/ D		nt /	ž	0 Ĭ 0	Y
	City Marion	State Zip Code NC 28752				Amou	ınt o	f Eac	h Dis	burse	-	t this F	-
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	Full Name (Last, First, Middle Initial) Myrick for Congress Mailing Address PO Box 37091					Trans Date		isburs	_			1 0 1 0	Y
	City Charlotte Purpose of Disbursement	State Zip Code NC 28237		0		Amou	ınt o	f Eac	h Dis	burse		t this F	
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	Full Name (Last, First, Middle Initial) Phil Haire for NC House of Representati	ves				Trans Date	of D	isburs	seme				
	Mailing Address PO BOX 727					1 ^M 0	М	/ D	1 9		Ž	0 1 0	Y
	City Syiva	State Zip Code NC 28779				Amou	ınt o	f Eacl	h Dis	burse	-	t this F	
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\sum_{i}	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HC FED PAC							
<u>/</u>	Full Name (Last, First, Middle Initial) Randleman for NC House					Transaction Date of Disbu		3.7832
	Mailing Address 487 Triple Cove D	Orive				10 M	19	[°] 2010 °
	City Wilkesboro	State NC	Zip Code 28698-7493			Amount of Ea	ach Disburs	ement this Pe
	Purpose of Disbursement Campaign Contribution Candidate Name			Cat	11 egory/			250.00
	Randleman for NC House Office Sought: House Senate President State: District:	Disbursement For: Primary Other (spe	2010 X General cify) V	<u> </u>	уре			
	Full Name (Last, First, Middle Initial) RICHARD BURR COMMITTEE					Transaction Date of Disbu		3.7780 2 0 1 0
	Mailing Address POST OFFICE BOX 5928					10	19	2010
	City WINSTON-SALEM	State NC	Zip Code 27113			Amount of Ea	ach Disburs	ement this Pe
								500.00
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	Campaign Contribution Candidate Name RICHARD BURR COMMITTEE Office Sought: House X Senate President	Primary	X General	Cat	egory/	Transaction Date of Disbu	ursement	3.7843
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	Campaign Contribution Candidate Name RICHARD BURR COMMITTEE Office Sought: House	Primary Other (spe	X General	Cat	egory/	Date of Disbu	ursement	3.7843 ^Y ^Y ^O ^Y ^O ^Y ^O
	Campaign Contribution Candidate Name RICHARD BURR COMMITTEE Office Sought: House X Senate President State: NC District: 00 Full Name (Last, First, Middle Initial) Snow for Senate Campaign Mailing Address 105 Van Horn Str City Murphy Purpose of Disbursement Campaign Contribution Candidate Name	Primary Other (spe	X General cify) ▼	Cate T	egory/ ype	Date of Disbu	ursement	3.7843 * 2 0 1 0 *
	Campaign Contribution Candidate Name RICHARD BURR COMMITTEE Office Sought: House	Primary Other (spe	X General cify) ▼ Zip Code 28906 2010 X General	Cate T	egory/ ype	Date of Disbu	ursement	3.7843 ^Y ^Y ^O ^Y ^O ^Y ^O

SCHEDULE B (FEC FOIIII 3X)	Use separate sch	edule(s) (ch	R LINE NUMB! eck only one)	ER: PAGE 42/43
TEMIZED DISBURSEMENTS	for each category Detailed Summary	y Page	21b 22 27 28a	X 23
Any Information copied from such Reports and Sta or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITED PAC	AL AUTHORITY/CA	AROLINAS HE	ALTHCARE S	SYSTEM EMPLOYEES
Full Name (Last, First, Middle Initial) Steve Gose for NC Senate				saction ID: SB23.7830 of Disbursement
Mailing Address 166 Morningside Drive			1 0	M / D D P / Y Y Y Y O Y O Y
City Boone	State Zip Co NC 28607		Amo	unt of Each Disbursement this Perio
Purpose of Disbursement Campaign Contribution		011		250.00
Candidate Name Steve Gose for NC Senate		Catego Type	•	
Senate President		110 General		
State: District: Full Name (Last, First, Middle Initial)				
The Tricia Cotham Committee			Date	saction ID: SB23.7807 of Disbursement
Mailing Address 107 Sardis Grove Lan		1 ^M 0	M / 19 / Y 2010 Y	
City Matthews	State Zip Co NC 28105		Amo	unt of Each Disbursement this Perio
Purpose of Disbursement Campaign Contribution		011		500.00
Candidate Name The Tricia Cotham Committee		Catego Type	•	
Senate President		110 General		
State: District: Full Name (Last, First, Middle Initial) W. David Guice for NC House				saction ID: SB23.7826 of Disbursement
Mailing Address 297 Cardinal Drive			1 ^M 0	M / D D D / Y Y Y O T O Y
City Brevard	State Zip Co		Amo	unt of Each Disbursement this Perio
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Candidate Name W. David Guice for NC House		Catego Type		
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page (check on 21b)	22 23 24 25 26
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Full Name (Last, First, Middle Initial) RICHARD BURR COMMITTEE Mailing Address POST OFFICE BOX 592	28	Transaction ID: SB28B.7909 Date of Disbursement
City WINSTON-SALEM Purpose of Disbursement Campaign Contribution Candidate Name	State Zip Code NC 27113	Amount of Each Disbursement this Period -500.00
RICHARD BURR COMMITTEE Office Sought: House X Senate President State: NC District: 00	Type ement For: Primary General Other (specify)	

SUBTOTAL of Disbursements This Page (optional)	•	-500.00
TOTAL This Period (last page this line number only)	<u> </u>	-500.00